



COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

600 East Broad Street, Suite 1300

Richmond, VA 23219

June 21, 2005

ADDENDUM No. 2 TO VENDORS:

Reference Request for Proposal: RFP 2005-06
Dated: May 25, 2005
Due: June 27, 2005

Due to technical issues with the DMAS Firewall, some offerors questions/inquiries were not delivered to the intended recipient in a timely manner. In order to correct this problem, DMAS is issuing a second addendum to address these questions. Please note all questions posted were received in the system prior to the June 8, 2005, 2:00 pm deadline.

Note: A signed acknowledgment of this addendum must be received by this office either prior to the due date and hour required or attached to your proposal response. Signature on this addendum does not substitute for your signature on the original proposal document. The original proposal document must be signed.

Sincerely,

Christopher M. Banaszak

Christopher M. Banaszak
Contract Officer

Name of Firm: _____

Signature and Title: _____

Date: _____

Addendum #2: DMAS Response to Offerors

#	RFP Ref.	Question	DMAS Response
1.	Section 4.1.1, Page 19	Will we receive phone #s for these members? If so, what percentage?	Another agency is responsible for entering phone numbers on the file. However, the accuracy of the number cannot be guaranteed. Phone numbers will be provided on enrollee/claims data if a phone number is available and is listed in the enrollee's eligibility file. DMAS is unable to provide a percentage of members who have phone numbers. .
2.	Section 4.3, Pages 22 -24	Just to clarify, the Nurse Line you reference in the RFP is just for the DM participants. Is DMAS looking for a Nurse Line program and pricing for their entire population as well?	No, DMAS is not seeking a price for a Nurse Line for the entire population. The Nurse Line will only be for the DM participants.
3.	Section 6.2.1, Page 45	On Page 45, of the proposal you state that "Cost proposals that offer a guaranteed net savings will receive a disproportionately higher score than those who do not offer a guaranteed net savings." Is DMAS expecting guaranteed net savings for an opt-in model? Also, if a vendor offered guaranteed net savings for an opt-out and not an opt-in, would that exclude a vendor?	Vendors can choose to propose a guaranteed net savings for an opt-in model. Those that do will receive a higher score on the evaluation. A vendor would not be excluded from the evaluation process if the vendor offered guaranteed net savings for an opt-out model and not an opt-in model. However, the vendor's score for their proposal would be lower than a vendor that offers a guaranteed net savings for both opt-out and opt-in models.
4.	General Question	Just to confirm, the DM services are just for the fee-for-service population?	Yes, DM services will be for those fee-for service eligibles identified for the DM program. This excludes eligibles who live in institutional settings, who have third party insurance, who have dual eligibility for Medicare and Medicaid, and who are in managed care programs.
5.	General Question	Lastly, is there a specific format or way you'd like the attachments presented to you all? For example, is it acceptable to reference "Attachment 1,2,3, etc" in the RFP and then have tabs for these items – for example, QI requirements document and provider	It is acceptable for vendors to reference attachments in the proposal and use tabs for the referenced items.

		education materials.	
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